

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. -101088,543		FILING DATE	
						APPLICANT(S)			
						CLAIMS			
CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL CLAIMS	1	2	3	4	5	6	TOTAL IND.	7	
TOTAL DEP.	1	2	3	4	5	6	TOTAL DEP.	7	
OVER CLAIMS	1	2	3	4	5	6	OVER DEP.	7	

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE  
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